

Unannounced Care Inspection Report 15 June 2018



Beverly Lodge

Type of Service: Nursing Home (NH)

Address: 186a Bangor Road, Newtownards, BT23 7PH

Tel No: 028 9182 3573

Inspectors: Kieran McCormick & Jean Gilmour

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Ashdon Care Ltd Responsible Individual: James Edward Russel Cole	Registered Manager: Janet Davison
Person in charge at the time of inspection: Janet Davison – Registered manager	Date manager registered: 22 April 2010
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 45

4.0 Inspection summary

An unannounced inspection took place on 15 June 2018 from 09.45 to 17.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

As a result of the inspection, RQIA was concerned that aspects of the quality of care and service delivery within Beverly Lodge in regards to the management of hygiene in the home and the dining experience for patients, were below the minimum standard expected. A decision was taken to hold a meeting with the intention to serve a failure to comply notice regarding the breaches in Regulation 13(7) of the Nursing Homes Regulations (Northern Ireland) 2005. A meeting was also held with the intention to serve an improvement notice meeting regarding the sustained failure to comply with the DHSSPS Care Standards for Nursing Homes 2015. These meetings took place at RQIA on 26 June 2018.

During the intention meetings the registered manager and registered provider acknowledged the failings; the registered persons provided a full and comprehensive account of the actions taken to ensure the improvements necessary to achieve compliance with the required regulation and standard. RQIA were satisfied with the assurances provided and a decision was made that no enforcement action was required to be taken.

A further inspection will be undertaken to validate sustained compliance and assure necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

The findings of this report will provide Beverly Lodge with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	*5

*The total number of areas for improvement include one which has been stated for a third and final time and which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Janet Davison, registered manager and Emma Kerrigan, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action in the form of an intention to serve a failure to comply notice meeting and an intention to serve an improvement notice meeting did result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 26 April 2018

The most recent inspection of the home was an unannounced finance management inspection undertaken on 26 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspectors met with five patients, ten staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two staff recruitment and induction files
- three patient care records
- patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2018

The most recent inspection of the home was an unannounced finance management inspection.

This QIP will be validated by the finance inspector at the next finance management inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: Second time	The registered provider must ensure that the treatment and any other services provided to patients meets his individual needs and reflects current best practice regarding; <ul style="list-style-type: none"> (a) wound care management (b) the use of restrictive practice (c) management of hydration Evidence must be present in patient care records to support individualised and current best practice.	Met
	Action taken as confirmed during the inspection: Care records reviewed evidenced that for the above mentioned areas treatment and services provided was in keeping with individual need and reflective of best practice.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The registered provider should ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care.	Not met
	Action taken as confirmed during the inspection: The patient dining experience observed throughout the day of inspection was not in keeping with best practice guidance relating to the care of people living with dementia, a number of concerns were highlighted which are discussed in detail later in the report. This matter was considered at an intention to issue an improvement notice meeting, in light of the sustained failure of Ashdon Care Ltd to comply with the DHSSPS Care Standards for Nursing Homes 2015. At this meeting however, significant assurances	

	<p>were provided that the matter is now being appropriately actioned.</p> <p>This area for improvement will be restated for a third and final time until validated at the next inspection visit.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a programme of refurbishing chairs which evidence significant wear and tear should be implemented, in accordance with infection prevention and control measures.</p> <p>Action taken as confirmed during the inspection: A review of completed audits evidenced a programme in place for the refurbishing/replacement of chairs in the home.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure that there is an established system to ensure compliance with best practice in infection prevention and control measures in the home. This includes the provision of appropriate shelving and/or drying racks in the sluice areas of the home and to ensure that there is no inappropriate storage of equipment in the sluice rooms.</p> <p>Action taken as confirmed during the inspection: There was a lack of evidence to demonstrate that risks to patients were suitably minimised in regards to the cleanliness of the environment and the adherence to best practice in infection prevention and control. Observation of the environment, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were not consistently adhered to.</p> <p>This matter was discussed at the intention to issue a notice of failure to comply with The Nursing Homes Regulations (Northern Ireland) 2005. Significant assurances were provided during the meeting by Ashdon Care Ltd that the matter is now being appropriately actioned.</p>	Not met

	This area for improvement has not been met and will be subsumed into an area for improvement under regulation until validated at the next inspection visit.	
Area for improvement 4 Ref: Standard 39.6 Stated: First time	The registered provider should ensure that the audits of care records evidence that a comprehensive audit is completed and that where a shortfall has been identified the necessary remedial action had taken place.	Met
	Action taken as confirmed during the inspection: A review of completed care file audits evidenced an improved system in place for the robust auditing of patient care records.	
Area for improvement 5 Ref: Standard 35.7 Stated: First time	The registered provider should ensure that where the existing arrangements for the completion of a monthly quality monitoring visit are disrupted alternative arrangements should be put in place and that all reports are made available.	Met
	Action taken as confirmed during the inspection: Monthly monitoring reports requested were available for inspection. There was evidence of a monthly report having been consistently carried out.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home. Discussion with patients, staff and relatives confirmed that they had no concerns regarding staffing levels in respect of delivery of care. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

A review of records evidenced that there was a system established for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). However the system in place did not provide a robust assurance and oversight of the full registration details of all staff, and an area for improvement under the standards was made.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However a review of communal patient bathrooms, sluice rooms and service areas evidenced that infection prevention and control (IPC) measures/best practice guidance and safe environmental standards were not consistently adhered to. Significant deficits were identified as follows:

- faecal staining observed under multiple toilet roll holders
- urine staining on the rim of patient toilets and commodes
- staining noted on a number of raised toilet seats
- staining and rust noted on identified patient equipment – these should be replaced
- inappropriate storage in a number of identified sluice rooms
- no waste bins in some bedrooms and bathrooms throughout the home
- debris, clutter and inappropriate storage in a number of identified linen cupboards
- no robust system in place for toilet/bathroom checks
- dust and debris noted on domestic trolleys
- the training and skills of staff in relation to IPC practices
- the training and skills of staff in relation to the management of urinary incontinence and use of Sahara/Kylie bed sheets with pressure relieving equipment
- the maintenance of patient mattresses which were observed to be stained and littered with debris of skin, food and other bodily fluids
- the maintenance of the immediate surrounds of the home which were poorly maintained with condemned laundry equipment, multiple pharmacy boxes and boxes of incontinence products
- fall out mats observed to be in a state of disrepair and the inappropriate use of bed mattresses as fall out mats for those patients at risk of falling from bed

These areas of concern were highlighted to the registered manager and an area for improvement under regulation was made in order to drive improvement relating to IPC practices.

In addition to the above the inspectors observed the inappropriate storage of patients prescribed thickening agents, food supplements and wound care dressings stored within a staff bathroom/changing area. Prescribed supplements were also observed to be inappropriately stored in a staff office area. These areas of concern were highlighted to the registered manager and an area for improvement under regulation was made.

The inspectors also observed the inappropriate storage of confidential patient records within a staff bathroom/changing area. This area of concern was highlighted to the registered manager and an area for improvement under regulation was made.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of fire training with staff and reviewed the training records for this. Training records reviewed by the inspectors had not been maintained in accordance with Standard 39 of the DHSSPS for Nursing Homes 2015, this was discussed with the registered manager who advised that further training was planned for later in June 2018. An area for improvement under the standards has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, induction and recruitment of staff.

Areas for improvement

The following areas were identified for improvement in relation to the governance of staffs' professional registration, environmental and IPC concerns, storage of prescribed supplements, storage of confidential patient records and staffing training. A number of issues identified in this domain formed part of the intention to issue a Notice of Failure to Comply with the Nursing Home Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of areas for improvement	3	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with staff evidenced that arrangements were in place for the handover of information at the beginning of each shift. Staff confirmed that the existing handover arrangements provided the necessary information regarding any changes in patients' conditions.

Staff who met with the inspectors stated that if they had any concerns, they could raise these with nursing staff or the registered manager. Staff spoke positively about working within the home.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Discussion with staff and a review of records informed that staff meetings were regularly held.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within

the daily care records was also found. However weaknesses were identified in relation to records pertaining to the care of patients in receipt of repositioning. In the instance of one patient the care plan did not reflect the required frequency of repositioning and for another patient whilst the frequency had been recorded this had not been consistently adhered to. These deficits were highlighted to the registered manager and an area for improvement under regulation was made.

Care records reviewed for one patient identified progressive weight loss, records demonstrated the appropriate and timely actions taken by the nursing staff in the home, this included the referral to the dietician for advice. The patient was subsequently seen by the dietician and recommendations were made for food supplements to be prescribed. Despite best efforts from staff in the home, at the time of inspection, there remained to be an 8 day delay in the recommended food supplements being prescribed for the patient by their GP. This was highlighted to the registered manager who again agreed to follow up; this information has also been shared with the medicines management team in RQIA.

While staff who were spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records, it was identified that the supplementary care records in use were not individualised and demonstrated a collated and communal recording system in place. In addition the records reviewed had not been consistently signed, records were not contemporaneous and records did not provided specific instruction to staff regarding patients individual repositioning or dietary requirements. These deficits were highlighted to the registered manager and an area for improvement under regulation was made, the registered manager advised that the home would be moving to an electronic care record system however a definitive date for the changeover was unable to be confirmed.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified in relation to the completion of care records.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales.

Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "...the manager is very approachable."
- "...the best of care"

One patient's representative who does not live in the province contacted RQIA directly post inspection and has provided a number of positive comments. These include;

- "The home is superbly managed"
- "Staff are attentive and caring"
- "My father is clean and well looked after"
- "My dad is a very fussy eater and the chef will speak to him every day to see what he would like to eat"
- "My family is absolutely happy with the care attention my father receives"

Patients representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The inspectors identified that patients requiring assistance with eating and drinking were confined to the sitting rooms for all meals; there was no choice or option of going to the dining room. The inspectors were advised by staff that only those who could independently eat and drink could go to the dining room. The morning breakfast was observed to be served to a high number of patients in the sitting room; the porridge and eggs that were in a cup were transported in a non-heated trolley and left positioned in the sitting room. The eggs were cold to touch. For those patients that did attend the dining room the room was noted to have dull lighting, there was no ambient music, staff were observed leaving patients unattended in the dining room and on one occasion a staff member was observed standing over a patient assisting with feeding. RQIA raised these matters during the previous two unannounced care inspections to Beverly Lodge on 6 July 2016 and 12 May 2017. These matters were highlighted to the registered manager and an area for improvement under the standards was restated for a

third and final time. This matter was also raised during the intention to issue an improvement Notice due to the sustained non-compliance with the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with patients, staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The inspectors observed a number of activities being provided on the day of inspection including entertainment from an external provider.

Discussion with staff and observations in the laundry area evidenced that 'net pants' were being laundered and used communally. An area for improvement in this regard has been made under the standards.

Inspectors observed during a tour of the home that patients' confidential mail was left unattended in the main foyer area of the home. The existing storage arrangement for patients' confidential mail has the potential to breach patient confidentiality and private/personal data. This was discussed with the registered manager for urgent attention and a previous area for improvement under the regulations has been made.

The inspectors observed a number of patients throughout the home with no footwear on. Given the number of patients observed in such a way this was raised with the registered manager who agreed to address with family members to ensure appropriate footwear was purchased.

Staff interactions with patients were observed to be compassionate, caring and timely. However the practice of one staff member was observed to be that of potential institutional practice, this was addressed immediately with the staff member by the inspectors and also brought to the attention of the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and availability of patient activities.

Areas for improvement

The following areas were identified for improvement in relation to the storage of confidential patient mail, the patient dining/mealtime experience and the communal use of clothing amongst patients in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The manager was knowledgeable in regards to the registered categories of care for the home. A valid certificate of employer's liability insurance was also displayed.

Since the last inspection there has been no change in management arrangements. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, staff and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager. Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the manager and review of records evidenced that whilst quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, it was disappointing that none of the aforementioned issues were identified. The registered persons must ensure that a robust quality assurance process is maintained at all times.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Patients' representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. A suggestions box was available in the home.

Discussion with the registered manager and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. However the inspectors were not assured by the completion, analysis, effectiveness and robustness of the audits completed, therefore given the seriousness of concerns identified on this inspection an area for improvement in this regard under the standards has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to understanding of roles and responsibilities and communication amongst staff.

Areas for improvement

An area was identified for improvement in relation to the robustness and auditing systems in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Davison, registered manager and Emma Kerrigan, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that there is an established system to ensure compliance with best practice in infection prevention and control measures in the home. This includes ensuring that there is no inappropriate storage of equipment in the sluice rooms and that the IPC concerns identified in this report are urgently addressed.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Action plan devised and implemented. External cleaning firm with a sound knowledge of best practice guidelines in relation to IPC sought and a thorough deep clean of the whole home was completed. External enhanced training completed for domestic staff and competencies completed. Twice weekly auditing of bathroom areas/sluice rooms/outside areas/linen stores/mattresses implemented initially to ensure training embedded into practice. Standard operating procedures on domestic roles and responsibilities implemented. Domestic staff supervised on SOPs and aware of their responsibilities, signatures obtained to evidence understanding. Several fall out mats and mattresses condemned and immediately replaced. Waste paper bins provided in all rooms. Any areas for improvement identified during auditing immediately relayed to staff and corrected at the time of audit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients' prescribed medicines and items are safely, securely and appropriately stored at all times in accordance with legislative requirements and professional guidance.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Thickening agent and supplements immediately removed from the staff cloakroom area and stored (opposite) in the secure clinical room</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that confidential patient records/information and mail are maintained in accordance with best practice guidance and legislative requirements.</p> <p>Ref: Section 6.4 and 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Relatives mail slots immediately removed from reception area. Patients archived records/information now stored in a secure area in accordance with legislative requirements.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the individual frequency of repositioning is accurately recorded within the patient's care plan and that the prescribed frequency of repositioning is adhered to and contemporaneously recorded at all times.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Computerised records introduced and are now being implemented. In the interim and until all patients records are transferred to the computerised system, the individual frequency of repositioning is documented clearly on the patients care plan and adhered to.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient supplementary care records are maintained on an individual basis and that they are consistently signed, contemporaneous and provide specific instruction to staff regarding patients individual needs.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Computerised record system currently being implemented and will ensure individual supplementary care records. Specific instructions for all staff clearly documented regarding individual patients needs.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Third and final time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Advice sought by the Alzheimers society, a dementia nurse specialist and a specialist dietician who all reviewed the dining experience in the home during meal times. Dining room areas being incorporated into each lounge to afford all residents the opportunity to sit at a table for their meal. Pictorial menus devised. Systems in place to ensure ambient music is playing</p>

	<p>Competencies enhanced for all staff to ensure that they must not stand at any time whilst assisting a patient with their meals. Higher stools being purchased to enable staff to practice this with patients who require specialised seating which can be considerably higher than a standard chair.</p> <p>All staff reminded that they must not leave the lounge during meals, including the collection of meals from the hot trolley which is positioned in the corridor.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that the monthly review of the professional registration status of all staff includes all details of individual staff members' registration information.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The professional registration status of staff have always been checked monthly and continues to be checked in the same manner. The inspectors preference in how these checks are documented has been implemented.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that fire safety training is provided to all staff in accordance with legislative requirements.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All staff employed in the home have completed fire training within the past 6 months.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that net pants, stockings, socks and tights are provided for each patient's individual use and not used communally.</p> <p>Ref: Sections 6.6</p> <p>Response by registered person detailing the actions taken: All net pants now disposed after single use. Socks, stockings and tights individually labelled and worn only by the patient to whom they belong.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that existing auditing arrangements are further developed to ensure the completion of an action plan, where relevant, post audit and subsequently followed up at the next audit.</p> <p>Ref: Sections 6.7</p>
	<p>Response by registered person detailing the actions taken: Action plans already in place where relevant. Increased auditing to ensure the areas of concern identified by the inspector have been improved upon, including, outside area audit, increased bathroom audits , laundry area audit, sluice room audit, mealtime experience audit. Areas identified that require improvement immediately relayed to staff and communicated throughout team.</p>

Please ensure this document is completed in full and returned via Web Portal



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